

WATER WELL REPORT
STATE OF WASHINGTON

Application No.

Permit No.

29/02-01L
61-24323

(1) OWNER: Name Ridge View Estates Address 1396 E. Bayview Ave. Freeland Wash.
 (2) LOCATION OF WELL: County Island NE 1/4 SW 1/4 Sec. 1 T. 29 N., R. 2 E W.M.
 Bearing and distance from section or subdivision corner 60° 6' 00" from NE corner of section

(3) PROPOSED USE: Domestic ☒ Industrial ☐ Municipal ☐
 Irrigation ☐ Test Well ☐ Other ☐

(4) TYPE OF WORK: Owner's number of well (if more than one) _____
 New well ☒ Method: Dug ☐ Bored ☐
 Deepened ☐ Cable ☐ Driven ☐
 Reconditioned ☐ Rotary ☒ Jetted ☐

(5) DIMENSIONS: Diameter of well 6 inches.
 Drilled 320 ft. Depth of completed well 320 ft.

(6) CONSTRUCTION DETAILS:

Casing installed: 6" Diam. from 0 ft. to 320 ft.
 Threaded ☐ " Diam. from _____ ft. to _____ ft.
 Welded ☒ " Diam. from _____ ft. to _____ ft.

Perforations: Yes ☐ No ☒

Type of perforator used _____
 SIZE of perforations _____ in. by _____ in.
 _____ perforations from _____ ft. to _____ ft.
 _____ perforations from _____ ft. to _____ ft.
 _____ perforations from _____ ft. to _____ ft.

Screens: Yes ☒ No ☐

Manufacturer's Name Cook
 Type 5" x 1/2" Steel Model No. _____
 Diam. 6 Slot size 16 from 310 ft. to 320 ft.
 Diam. _____ Slot size _____ from _____ ft. to _____ ft.

Gravel packed: Yes ☐ No ☒ Size of gravel: _____
 Gravel placed from _____ ft. to _____ ft.

Surface seal: Yes ☒ No ☐ To what depth? 30 ft.
 Material used in seal _____
 Did any strata contain unusable water? Yes ☐ No ☒
 Type of water? _____ Depth of strata _____
 Method of sealing strata off _____

(7) PUMP: Manufacturer's Name _____
 Type: _____ H.P. _____

(8) WATER LEVELS: Land-surface elevation 300 ft.
 Static level 289 ft. below top of well Date _____
 Artesian pressure _____ lbs. per square inch Date _____
 Artesian water is controlled by _____ (Cap, valve, etc.)

(9) WELL TESTS: Drawdown is amount water level is lowered below static level
 Was a pump test made? Yes ☒ No ☐ If yes, by whom? Driller
 Yield: 15 gal./min. with 3 ft. drawdown after 1 hrs.
 " " " " " "
 " " " " " "

Recovery data (time taken as zero when pump turned off) (water level measured from well top to water level)

Time	Water Level	Time	Water Level	Time	Water Level

Date of test _____
 Bailor test _____ gal./min. with _____ ft. drawdown after _____ hrs.
 Artesian flow _____ g.p.m. Date _____
 Temperature of water _____ Was a chemical analysis made? Yes ☐ No ☒

(10) WELL LOG (1220' W & 700' S - OF CTR-SEC. 1.)

Formation: Describe by color, character, size of material and structure, and show thickness of aquifers and the kind and nature of the material in each stratum penetrated, with at least one entry for each change of formation.

MATERIAL	FROM	TO
Top Soil	0	3
Clay	3	10
Hard Pan	10	30
Sand	30	38
Clay & Sand	38	48
Clay & Sand	48	57
Sand	57	71
Clay	71	94
Sand	94	179
F. Sand	179	145
Clay	145	160
F. Sand	160	170
C. Sand	170	215
F. Sand	215	275
C. Sand	275	320
M. Sand	320	333

RECEIVED

AUG 8 1979

DEPT. OF ECOLOGY

Work started 6/28, 1979. Completed 6/16, 1979

WELL DRILLER'S STATEMENT:

This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.

NAME B & W Drilling Co.
 (Person, firm, or corporation) (Type or print)

Address P.O. Box 55 Freeland

[Signed] James Miller & Lehman
 (Well Driller)

License No. 263 Date 7/10, 1979



Well Tagging Form

501

Unique Well Tag No: AGA849

RECORD VERIFICATION (check ☒ one)

- ☐ Well Report available (please attach this form to the well report and submit it to the Ecology Regional Office near you)
- ☐ Verification inconclusive
- ☐ Well Report not available

WELL OWNERSHIP, IF DIFFERENT FROM WELL REPORT

First Name RIDGEVIEW EST Comm Assn Last Name _____
26741-6
 Street Address _____
 City _____ State _____

LOCATION OF WELL, IF DIFFERENT FROM WELL REPORT

Well Address 2112 GCSS RIDGE Rd. (PVT)
 City _____ County _____
 T _____ N R _____ W M Sec _____ 1/4 of the _____

FOR AGENCY USE ONLY

Latitude _____
 Longitude _____

Elevation at land surface _____ feet/meters (circle one)

Additional information, if available

- ☐ Location marked on topographic map (please attach)
- ☐ Location marked on air photo (please attach)

- ☐ GPS
- ☐ Topographic Map
- ☐ Survey
- ☐ Computer generated
- ☐ Digital Altimeter
- ☐ Topographic Map
- ☐ Other _____

State Health

The Department of Ecology does NOT Warranty the Data and/or the Information on this Well Report.

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WELL CHARACTERISTICS

Physical Description of well (size or casing type of well housing etc.)

6" CASING HOUSED IN A SHED OF WOOD PANELING & WOOD ROOF
SIDING ON TOP (~10' 12") NATURAL COLOR W/ WHITE POOR

Location or Well Identification Tag

CASING

Is supplemental tag needed for ease of identifying well?

☐

Yes

☒

No

Where was tag placed?

D	C	B	A
E	F	G	H
I	J	K	L
M	N	O	P
Q	R	S	T

Scale 1 24 000 (1 = 2 000)

Indicate the location of the well within the Section by drawing a dot at that point.

SECTION _____

Comments

FOR ECOLOGY WATER RESOURCES PROGRAM ONLY

Right # _____

Date Issued _____

One Application Permit Certificate Claim Exempt